

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 03-MAY-2015		TIME 18:45:00		2. ADDRESS OF OCCURRENCE 2457 N OAK PARK AVE CHICAGO, IL 60707				3. LOCATION CODE 303		4. BEAT/OCCUR 2512			
		5. POSITION 9161		8. LAST NAME VOGT		7. FIRST NAME VINCENT N		8. STAR NO. 6802		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 509	
SUBJECT INFORMATION		14. DATE OF APPT. 24-JAN-2000		15. EMPLOYEE NO. 025		16. UNIT & BEAT OF ASSIGNMENT 2512		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
		20. LAST NAME OCAMPO		21. FIRST NAME ADRIAN		22. M.I. WWH		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 24-DEC-1983		26. HT. 508	
REASON FOR USE OF FORCE (Check all that apply)		28. ADDRESS 2509 W CORTLAND ST CHICAGO, IL 60647		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? OUR LADY OF RESURRECTION MEDICAL CE		34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Hospitalized <input type="checkbox"/> 02 Apparently Normal <input type="checkbox"/> 03 Refused Medical Aid		36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 550.0/4-B, 720 ILCS 5.0/12-2-B-4		37. CS NO. 19108265		IR NO. <input type="checkbox"/> DNA			
WEAPON DISCHARGE INCIDENT		38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE			
		SUBJECT'S ACTIONS		MEMBER'S RESPONSE											
CASE INFO.		39. <input checked="" type="checkbox"/> DNA		40. ADDITIONAL INFORMATION											
		POSITION		STAR NO.		UNIT									
SIGNATURES		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS RAIN							
		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE							
70. EVENT NO. 1512314094		49. TASER DART ID NO.		50. WEAPON SERIAL No. (include letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.					
		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED					
71. RD. NO. HY245847		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)							
		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO									
72.		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.											
		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
73. REPORTING MEMBER (Print Name) VOGT, VINCENT N 03-MAY-2015 20:00:17		74. REVIEWING SUPERVISOR (Print Name) SULLIVAN, JOSEPH D		STAR NO. 2632		SIGNATURE		DATE REVIEWED 03-MAY-2015 20:07:58		TIME					
		75. REVIEWING SUPERVISOR (Print Name) SULLIVAN, JOSEPH D		STAR NO. 2632		SIGNATURE		DATE REVIEWED 03-MAY-2015 20:07:58		TIME					

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Arrestee is currently being treated at OLR Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

In R/Lt's opinion, the officer's actions were both reasonable and necessary to place the arrestee into physical custody.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STOPPA, KENNETH A

SIGNATURE

DATE COMPLETED

TIME

03-MAY-2015 20:50:52

79. TOTAL TRR's THIS EVENT No.

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